**Policy: Kidney/Pancreas Post Transplant: Management Policy and Protocol of the Renal Recipient Biopsy Patient (Outpatient)**  
  
**Statement: Policy Statement:**  
It is the policy of the Renal Transplant Program to closely monitor and manage the possible rejection episode of recipients who are transplanted by the Emory Transplant Program or are transferred into the Program for follow-up management.  
  
**Vision:** Patient Care  
  
**Administrative Responsibility:**   
The renal transplant program staff, patients and OTC clinical and front desk staff will be responsible for administration of this policy.   
  
**Basis:**  
During the first three months following transplantation, renal function may be quite labile. Complications resulting from mechanical factors, infections, toxic injuries, or immune mechanisms may occur, though timely intervention will often reverse or ameliorate the injurious effects of these hazards. Approximately 20% of patients will experience an episode of transient dysfunction. Contributing causes may include acute rejection, tacrolimus or cyclosporine nephrotoxicity, or anatomical problems with the transplant.   
  
The majority of rejection episodes occur within the first three months post transplant. Therefore, the risk of a rejection episode is greatest in the early post-transplant course. It is essential to include the kidney biopsy of the transplanted kidney into the management process of the kidney transplant recipient. It is the policy of the Emory Transplant Center to monitor acute changes in kidney excretion parameters with a kidney biopsy when clinically indicated; in addition patients with stable renal function will undergo a protocol renal biopsy, at 6 months for the purpose of identifying those with sub-clinical rejection (20% have histologically significant findings).  
  
**Scope/Procedure:**  
  
Patientswill be triaged into one of 3 categories: Protocol, Sub-acute and Acute Kidney Biopsies.  
  
**All patients coming for a kidney biopsy will be processed as priority patients in the 07:00 AM arrival appointments.**

**Protocol Biopsy Patients**

1. The post transplant nurse coordinators will be responsible for management of the protocol biopsy patients.
2. They will be responsible to manage the list by the following process;

|  |  |
| --- | --- |
| **Staff Member** | **Patient Distribution by Alphabet** |
| Cathy Kuharcik | A-D |
| Mimi Buenvenida | E-K |
| Beverly Tharps | L-R |
| Mary Moore | S-Z |

3. Patient care coverage will be provided by team approach:

|  |  |
| --- | --- |
| Triage/Inpatient/Outpatient **TEAM A** Cathy/ Beverly | Triage/Inpatient/Outpatient  **TEAM B** Mimi/Mary |

4. The coordinator will call the patient one month prior to the procedure and provide instructions and fact sheet about the procedure.   
  
5. Patients identified with potential risk factors for a biopsy by the provider/ coordinator at this visit will be reviewed by the physician prior to scheduling the biopsy to determine if biopsy is indicated. Such patients may include those who have thrombocytopenia, lupus or history of anticardiolipin antibody, on warfarin or on full dose aspirin or plavix, and kidney pancreas recipients.   
6. The post transplant coordinator will place the biopsy orders in the clinic sleeve sometime in the month preceding the scheduled procedure and lab draw.

**Sub- Acute Biopsy Patients**

**1. Patients identified during lab review or patients who do not need urgently a kidney biopsy.**

The physician ordering the biopsy will instruct the appropriate coordinator (see assignment listed above). For patients on aspirin, other antiplatelet agents, or warfarin, the physician will evaluate the time and/or the need to discontinue therapy based on the clinical circumstances.

**Acute Biopsy Patients:** The Physician will discuss with the patient the need for a kidney biopsy.

1. **Page the charge nurse in the clinic to determine the availability of procedure appts.**   
2. Physician will ***complete and sign the kidney transplant biopsy order sheet*** including lab work (included with this document).  
3. Physician or Transplant Coordinator will provide the patient with the instruction sheet (included in this document).   
4. The provider will hand the previously listed items **to the appropriate** **coordinator**with instruction to schedule the biopsy with the Outpatient Transplant Center Medical Secretary for the date listed on the order.

Scheduling Times:  
**All patients** will be instructed to arrive at 7:00 AM for lab draw.  
**Protocol biopsies** will be scheduled for the 7:00 AM slot.  
**Sub acute biopsies** can be scheduled for the 7:00 AM or 10:00 AM slots.  
**Patients who may require longer use of procedure room** will be scheduled for 10:00 AM slot and the procedure room will be booked for this patient for the entire day and will be closed for afternoon appointments. Patients will be identified as “Biopsy and block room”. These patients may include:

1. K/P transplants.  
2. Intraperitoneal kidney transplant patients.  
3. Patients on full dose aspirin, plavix or anticoagulation.  
4. Creatinine >3 mg/dl.  
5. Other patients identified at physician discretion.

The provider will notify the coordinator at the time the procedure is ordered to schedule the biopsy. **This can be done with any available provider during the stated time frame.**

Upon arrival to the front desk, the patient or coordinator will hand order sheet to the Medical Secretary for scheduling.

It will be the responsibility of the Medical Secretary to consult directly with the provider if all procedure appointments are taken for the day in question to determine an appropriate alternative date.

The patient will be given the appointment card with the date for return and told a reminder call will be made the evening before the procedure.

Approved by: Renal Transplant Leadership Group  
  
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